R-309—55m-2-42 8836

1944

No. 263

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm. M. Tighe

Name of deceased Louis C. Bertonazzi

Age 59 years — months — days

Place of death Southboro Mass.

Date of death Dec 31. 1943

Cause of death Arteria Sclerotic (Heart Disease) (Diabetes Mellitus)

Interment at Rural Cemetery

Date permit issued Jan. 2. 1944

Certified by Hugh Folsom. M. D.

R-309—55m-2-42 8836

No. 63

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Louis Bertorazzo

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory)

on January 4, 1944

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

1944

No. 4

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J. Brown

Name of deceased Miss Hannah G. Bagley

Age 74 years — months — days

Place of death ~~Southboro~~ Mass

Date of death Jan. 1. 1944

Cause of death Coronary Thrombosis
(Coronary Heart Disease) and Arteriosclerosis

Interment at (Christ Myrtle) Rural Cemetery

Date permit issued Jan. 2. 1944

Certified by Clyde Morrill M. D.

R-309—55m-2-42 8836

No. 5

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner C. Gage

Name of deceased Sarah C. Carruthers

Age 82 years 2 months 16 days

Place of death Upland Rd.

Date of death Jan. 17, 1944

Cause of death Myocarditis chronic

Interment at Rural Cemetery

Date permit issued Jan. 17, 1944

Certified by Roland S. Newton M. D.

R-309—55m-2-42 8836

No. 5

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Sarah C. Carruthers

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on January 19, 1944

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 7

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to J. J. Brown

Name of deceased Felix T. Clancy

Age 79 years — months — days

Place of death Southboro Mass.

Date of death January 24, 1944

Cause of death Myocarditis Chronic

Interment at Immaculate Conception

Date permit issued January 26 1944

Certified by Roland S. Newton M. D.

R-309—55m-2-42 8836

No. 7

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Felix T. Clancy

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St Mary's Cemetery Corporation
(Name of cemetery or crematory)

on Jan. 26 1944

Certified by David M. Burke
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 8

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner C. Gage

Name of deceased Sarah C. Brewer

Age 48 years 0 months 6 days

Place of death Boston Road

Date of death Jan. 30, 1944

Cause of death Multiple sclerosis

Interment at Rural Cemetery

Date permit issued Jan. 30, 1944

Certified by Roland S. Newton M. D.

R-309—55m-2-42 8836

No. 8

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Southboro Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Sarah L. Brewer

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on February 1, 1944

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)
Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 9

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John C. Rowe

Name of deceased George Henry Kenney

Age 73 years 11 months 27 days

Place of death Southboro Mass

Date of death Feb. 15. 1944

Cause of death Arteria Sclerotic Heart Disease

Interment at Immaculate Conception Cemetery

Date permit issued Feb 17-1944

Certified by William Rocke M. D.
Marlboro Mass.

R-309—55m-2-42 8836

No. 9

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased George Henry Kenney

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception
(Name of cemetery or crematory)

on Feb. 18, 1944.

Certified by David M. Burke
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 6

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to (Mrs.) Ruth Hollander

Name of deceased Alfred N. Peltier

Age 76 years 6 months 2 days

Place of death Best Home, Southboro

Date of death January 17, 1944

Cause of death Cerebral Hemorrhage

Interment at Wildwood Cemetery, Ashland

Date permit issued Jan. 19, 1944

Certified by _____ M. D.

R-309—55m-2-42 8836

No. 6

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Town Clerk
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Woodlawn Cemetery
(Name of cemetery or crematory)

on Jan 20 1944

Certified by J E Johnson Supt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 10

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm. M. Tighe

Name of deceased Herman Monnette

Age 54 years — months — days

Place of death Southboro Mass.

Date of death March 7, 1944

Cause of death Lobar Pneumonia
(Chronic Myocarditis)

Interment at Rural Cemetery

Date permit issued March 8. 1944

Certified by Albert E. La Marche M. D.
Marlboro Mass.

R-309—55m-2-42 8836

No. 10

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Herman Mornette

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on March 10, 1944.

Certified by Walter M. Offutt.
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 11

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm M Tighe

Name of deceased Elizabeth (Bowles) Trigeau

Age 83 years — months — days

Place of death (Col) ~~Southboro~~ Mass

Date of death March 12 - 1944

Cause of death Arters Sclerosis

Interment at Calvary Cemetery (Waltham)

Date permit issued March 13 - 1944

Certified by _____ M. D.

R-309—55m-2-42 8836

No. 11

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to _____
(Office issuing permit)

City or Town of Southbridge Mass.

Name of deceased Elizabeth (Barber) Trigeau

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Calvary Waltham
(Name of cemetery or crematory)

on March 14, 1944

Certified by W. J. Mulvihill Supt. S. M.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 12

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to F. A. Cookson

Name of deceased David E. Stone

Age 82 years — months — days

Place of death Worcester, Southboro

Date of death March 27, 1944

Cause of death Coronary Sclerosis

Interment at Pine Hill, Dover, N.H.

Date permit issued March 27, 1944

Certified by Walter F. Mahoney M. D.

R-309—55m-2-42 8836

No. 12

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Board of Health
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased David E. Stone

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pine Hill, Dover N.H.
(Name of cemetery or crematory)

on March 29, 1944

Certified by Walter L. McDaniel Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

1944.

No. 13

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm. M. Tighe

Name of deceased Frank E. Fay

Age 77 years 2 months 15 days

Place of death Southboro Mass

Date of death April 1. 1944

Cause of death Myocarditis Chronic
Arterio Sclerosis Chronic

Interment at Rural Cemetery

Date permit issued April 4. 1944

Certified by Roland Newton M. D.

R-309—55m-2-42 8836

No. 13

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Frank E. Fay.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on April 4, 1944

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 14

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner C. Gage

Name of deceased Allen Howe Draper

Age 76 years — months 10 days

Place of death Southboro Mass.

Date of death April 10. 1944

Cause of death Coronary Disease
Arteriosclerosis

Interment at Maplewood Cemetery Marlboro

Date permit issued April 10. 1944

Certified by Roland Newton M. D.

R-309—55m-2-42 8836

No. 14

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Allen Howe Draper

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Maplewood
(Name of cemetery or crematory)

on Apr. 12 1944

Certified by Gordon P. Hamilton
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8886

No. 15

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Frederick A. Cookson

Name of deceased Edward T. Morton

Age 84 years 2 months 13 days

Place of death Melindy Rest Home Southboro

Date of death May 2, 1944.

Cause of death Chronic Myocarditis

Interment at Pinehill Cemetery, Sherborn

Date permit issued May 2, 1944.

Certified by Roland Newton M. D.

R-309—55m-2-42 8836

No. 15

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health Agent
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Edward T. Morton

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pine Hill Cemetery Sherborn
(Name of cemetery or crematory)

on May 4 - 1944

Certified by Fred Maxfield Commissioner
Cemetery
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 16

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Henry A Harpin

Name of deceased Napoleon Filion

Age 75 years 3 months days

Place of death Southboro

Date of death May 3 1944

Cause of death Myocarditis

Interment at St Mary's Cemetery Southboro

Date permit issued May

Certified by Roland Stevens M. D.

R-309—55m-2-42 8836

No. 17

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner C. Gage

Name of deceased Ruth H. Bean

Age 55 years 10 months 1 days

Place of death Cordaville (Southboro)

Date of death May 9 1944

Cause of death Cerebral hemorrhage

Interment at Rural Cemetery

Date permit issued May 12. 1944

Certified by H. G. Lane Ashland M. D.

R-309—55m-2-42 8836

No. 17

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Mrs Ruth N. Bean.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on May 12, 1944.

Certified by Walter M. Offutt.
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 18

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Frederick A Cookson

Name of deceased Irving S. Stoomer

Age 74 years 1 months 7 days

Place of death Central St. Southboro

Date of death July 10, 1944.

Cause of death Uremia

Interment at Rural Cemetery, Southboro

Date permit issued July 12, 1944

Certified by Hugh Folsom M. D.

R-309—55m-2-42 8836

No. 18

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Irving S. Hosmer

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on July 13, 1944

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 19

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William M Tighe

Name of deceased Emma A Bouthillet Hurley

Age 74 years ____ months ____ days

Place of death Newton St Southboro

Date of death July 21 1944

Cause of death Myocarditis Arteriosclerosis

Interment at St Michael Hudson Mass

Date permit issued July 21 1944

Certified by Thomas E Reilly M. D.

R-309—55m-2-42 8836

No. 19

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to _____
(Office issuing permit)

City or Town of Southbury Mass.

Name of deceased Emma A (Bouthillet) Hurley

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Michael's - Hudson
(Name of cemetery ~~or crematory~~)

on July 24, 1944

Certified by E. U. Conroy
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 20

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Edward L. Merrill

Name of deceased Alvah D. Spencer

Age 83 years 11 months 29 days

Place of death Baker Rest Home
Southboro

Date of death Aug 13, 1944

Cause of death Arterio Sclerosis

Interment at Prospect Cem Epping N.H

Date permit issued Aug 13, 1944

Certified by Roland L. Newton M. D.

R-309—55m-2-42 8836

No. 20

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Alvah D. Spencer

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Prospect Cem; Epping N.H.
(Name of cemetery or crematory)

on August 15, 1944

Certified by Thomas Brewitt
(Signature of Superintendent, cemetery or crematory)
Undertaker

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 21

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to T. F. Callanan

Name of deceased Patrick Henry O'Brien

Age 77 years 5 months 8 days

Place of death Southville

Date of death Aug. 20, 1944

Cause of death Coronary Occlusion

Interment at St. John's Hopkinton

Date permit issued Aug 23, 1944

Certified by _____ M. D.

R-309—55m-2-42 8836

No. 21

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Patrick Henry O'Brien

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St John the Evangelist Cemetery
(Name of cemetery or crematory)

on August 23, 1944

Certified by Frederick J Deasy
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this

R-309—55m-2-42 8836

No. 22

~~BURIAL~~ (~~OR~~ REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Remove & inter in cement Vaults

Issued to Walter M. Offutt

Name of deceased Catherine E (Webber) White

Age 70 years 1 months 7 days

Place of death 2690 Ave New York City

Date of death April 19 44

Cause of death Cerebral Hemorrhage

Interment at Rural Cemetery

Date permit issued April 23 1944

Certified by _____ M. D.

R-309—55m-2-42 8836

No. 22

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

Board of Health

to Walter M. Offutt

(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Catherine E. (Webber) White

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro

(Name of cemetery or crematory)

on August 30, 1944

Certified by Walter M. Offutt

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

OFFICE OF

THE CEMETERY COMMISSIONERS

SOUTHBOROUGH, MASSACHUSETTS

August 26, 1944

Board of Health
Southboro, Mass.

Gentlemen: Attn.- Mr. James F. Telfer

Will you please issue a permit to disinter the remains of Mrs. Catherine White from grave 1, lot 24, section 7, for the purpose of transfering the same from the Pine Box now in use to a Concrete Vault and reintering in the above named grave.

We have received authorization for this transfer from Mr. Alexander White who is the legal custodian of the remains.

Very truly yours,

THE CEMETERY COMMISSIONERS

Walter M. Offutt

By: Walter M. Offutt, Supt.

P.S., This transfer to be made August 30, 1944 at 10 A.M.

R-309—55m-2-42 8836

No. 23

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to J. S. Waterman & Son's

Name of deceased Sigourney Thayer

Age 48 years — months — days

Place of death Allentown Penn.

Date of death Nov. 2. 1944

Cause of death Inter. Cranial Hemorrhage

Interment at Rural Cemetery

Date permit issued Nov 5. 1944

Certified by _____ M. D.

R-309—55m-2-42 8836

No. 23

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Sigourney Thayer

If a U. S. War Veteran, specify what war, organization, etc.

W. W. I. Vet.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on November 5, 1944.

Certified by Walter M. Offutt.
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

HVS-20012—150M—8-43

Dec. 1-B-Lot T, Grave 3, Pine Box
Nov. 5, 1944

W.W.I. Vet.

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

BURIAL OR REMOVAL PERMIT

No. 1193

County, Lehigh

Township, or Borough, or City, Allentown

Date of Death, Nov 2 1944

Full Name, Mr Sigourney Thayer Age, 48 Sex, Male Color, White

Disease Causing Death, Inter-cranial Hemorrage

Place of Burial, or Removal to, ~~St. Mary's Cemetery~~ Via, Str Borough - Mass.

Undertaker, R. R. Burkholder Address, Allentown

A certificate of death having been filed in my office in accordance with the Laws of Pennsylvania, I hereby authorize the Burial [Burial or Removal] of the body of said deceased person as stated above.

Marie G. Crowder
[Registrar's name]

Dated Nov 3 1944

District No. 39-02-01

Burial permits must be delivered by the undertaker to the sexton or other persons in charge of the burial ground or cemetery where burial takes place. When the body is to be shipped to a distant point requiring the service of a common carrier, in addition to a removal permit the body must be accompanied with a transit permit, containing the affidavit of the undertaker, which must be attached to the box containing the body.

To be Retained by Cemetery Company

No. of Permit, 1193

Name of Deceased, Mr Sigourney Thayer

Date of Issue, Nov 3-1944

Marie G. Crowder Local Registrar.

R-309—55m-2-42 8836

No. 24

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner C. Gage

Name of deceased George F. Field

Age 79 years 10 months 17 days

Place of death Southboro Clifford Rd.

Date of death Nov. 28, 1944

Cause of death Apoplexy cerebral

Interment at Rural Cemetery

Date permit issued Nov. 28, 1944

Certified by Roland B. Newton M. D.

R-309—55m-2-42 8836

No. 25

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J. Brown

Name of deceased Thomas Slattery

Age 62 years — months — days

Place of death Southboro Mass

Date of death March 30, 1944

Cause of death Coronary Sclerosis

Interment at Immaculate Conception

Date permit issued Dec 1, 1944

Certified by Walter F. Mahoney M. D.

R-309—55m-2-42 8836

No. 24

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Southboro Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased George F. Field

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on November 30, 1944.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 26

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William M Tighe

Name of deceased Josephine Tenbury Hadley

Age 89 years ____ months ____ days

Place of death Turnpike Rd Foxville

Date of death Dec 27 1944

Cause of death Cardiac Decompensation Broncho Pneumonia

Interment at Rural Southboro

Date permit issued Dec 28 1944

Certified by Jean C. Avery M. D.
Framingham

R-309—55m-2-42 8836

No. 26

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Josephine (Scanlon) Hadley

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on December 30, 1944.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 25

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Southboro
(Office issuing permit)

City or Town of Hyannis Mass.

Name of deceased Thomas F. Slattery

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception
(Name of cemetery or crematory)

on December 2, 1944

Certified by David M. Burke
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 15150

Reg. Dist. No. 392

Primary Reg. Dist. No. 8187

OHIO DEPARTMENT OF HEALTH
COLUMBUS
CERTIFICATE OF DEATH
Department of Commerce—Bureau of the Census

State File No. _____

Registrar's No. 5185

1. PLACE OF DEATH:

(a) County Franklin

(b) Columbus
(City, Village, Township)

(c) Name of hospital or institution: Mt Carmel Hospital
(If not in hospital or institution, write street No. or location)

(d) Length of stay: In hospital or institution _____ (Days)

In this community _____ (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Franklin

(c) City or village Columbus.
(If outside city or village, write RURAL)

(d) Street No. 1366 E Broad.
(If rural, give location) Cols athletic club.

(e) If foreign born, how long in U.S.A.? _____ years.

3. FULL NAME Gordon L. Dodge.

(a) If veteran, name war _____

(b) Social Security No. 291-07-0646

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace Dodge. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 2 1878
(Month) (Day) (Year)

8. AGE: Years 66 | Months 1 | Days 23 | If less than one day _____ hr. _____ min.

9. Birthplace Iowa.
(City, town, or county) (State or foreign country)

10. Usual occupation mechanical engineer

11. Industry or business Jeffrey Mfg. Co

Father
12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)

Mother
14. Maiden Name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's signature E Allen.

(b) Address Jeffrey Mfg Co Cols Ohio.

17. (a) Burial, cremation, or other; (b) Date 12-28-44
(Month) (Day) (Year)

(c) Place Cook & Son Crematory

(d) E L Deyo. 4169-A
(Name of Embalmer) (Lic. No.)

18. (a) Moody & Straley 2254
(Signature of Funeral Director) (Lic. No.)

(b) Address Dublin Ohio.

19. (a) 12-27-44 (b) J. Herbert Mueller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month December day 25
year 1944 hour 8 minute 40 a m

21. I hereby certify that I attended the deceased from December 19 44, to Dec 25, 19 44; that I last saw him alive on Dec 25, 19 44; and that death occurred on the date and hour stated above.

Immediate cause of death	DURATION
Heart Block.	3 wks.
Due to Cardio Vascular Renal disease	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings of operation	
Major findings of autopsy	

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Village) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) How did injury occur?

23. Signature Henry D Hukes M D (Specify if Doctor of Medicine or Osteopathy)
Address Mt Carmel Hosp Date signed 12/25/44

Date Jan 23/45

I hereby certify that this is a true and correct copy of the certificate of death of Gordon L Dodge on file in the offices of this Department.

by: E Allen Clerk.

Health Commissioner
Department of Health
City of Columbus, Ohio

TOWN OF SOUTHBOROUGH

OFFICE OF TOWN CLERK

SOUTHBOROUGH, MASS.

August 16, 1944

Mr. James F. Telfer, Burial Agent
Town of Southborough, Mass.

Dear Mr. Telfer:

I have received a request for additional information on two death certificates from the Secretary of State. Will you be good enough to furnish such information as follows:

Alfred N. Peltier, date of death January 17, 1944.
Doctor: Walter F. Mahoney
In name on certificate spelling is "Peltier"
Name of father spelling is Pelletier.
Secretary desires correct spelling of name.

Felix T. Clancy: date of death January 24, 1944
Doctor: Roland S. Newton
Certificates states deceased is Widowed.
Secretary desires maiden name of wife as this information does not appear on certificate. Annie M. Parker Oct 31, 1928

Very truly yours,

Marjorie F. McDonald
Town Clerk

B

Holland Matthias
122 Hollis St

John J. Brown
95 West Main St
Marlboro.

R-309—55m-2-42 8836

1945

No. 1

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to A. H. Athy

Name of deceased Mary A. Waldron

Age 55 years — months — days

Place of death Southboro Mass.

Date of death January 8. 1945.

Cause of death Coronary Thrombosis of Upper Jaw. Gen Arterio Sclerosis

Interment at St John Worcester Mass.

Date permit issued January 8. 1945.

Certified by Walter F. Mahoney M.

R-309—55m-2-42 8836

No. 1

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Mary A. Waldron

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. John's Cemetery
(Name of cemetery or crematory)

on Jan. 11-'45

ST. JOHN'S CEMETERY
Worcester, Mass.

Certified by [illegible]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

1945

No. 2

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm. M Tighe

Name of deceased Minnie Blanche Tray nee O'Leary

Age 65 years 13 months 1 days

Place of death Fayville Mass

Date of death Jan 14 1945

Cause of death Mycoaditis Chronic

Interment at Southboro Mass

Date permit issued Jan 17 1945

Certified by Roland Newton M. D.

R-309—55m-2-42 8836

No. 2

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southborough, Mass.

Name of deceased Minnie Blanch Fay

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on January 17, 1945.

Certified by Walter M. Offutt.
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 3

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter M. Offutt.

Name of deceased Gordon F. Dodge

Age 66 years 1 months 23 days

Place of death Columbus Ohio.

Date of death December 25. 1944

Cause of death Cardio Vascular renal disease
(Complete Heart block)

Interment at Rural Cemetery

Date permit issued Jan. 5, 1945.

Certified by Henry Hughes (Ohio) M. D.

R-309—55m-2-42 8836

No. 3

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Gordon F. Dodge

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory)

on Entoombed - Jan. 13, 1945

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 7

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner C. Gage

Name of deceased Charles L. Fairbanks

Age 83 years 2 months 1 days

Place of death Southboro Mass.

Date of death Feb 8 1945

Cause of death Circulatory Failure
General Arterio Sclerosis

Interment at Rural Cemetery

Date permit issued Feb 5. 1945

Certified by Hugh Folsom M. D.

R-309—55m-2-42 8836

No. 4

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Charles L. Fairbanks

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Entoombed

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on February 10, 1945

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 5

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to E. J. Gaffey & Sons. Medford Mass

Name of deceased Annebelle G. Ontiouk

Age 77 years — months — days

Place of death Arlington Va.

Date of death Feb 19. 1945

Cause of death Cancer of Colon

Interment at Rural Cemetery

Date permit issued Feb. 23. 1945

Certified by R. G. Brankley Registrar M. D.
1800 N Edison St Arlington Va.

R-309—55m-2-42 8836

No. 5

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Annabelle G. Arthank

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on Entombed Feb. 21, 1945

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)
Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

FORM R-301 A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(1)-1-44-13634

Copy

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. .....

1 PLACE OF DEATH: (County) ..... Arlington Va. (City or Town) .....
No. 804 North Wayne Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annabelle Genevieve Onthank
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) .....

(a) Residence. No. 6020 Lee Blvd St. Arlington Va.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of Arthur Onthank
(Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Mass

PARENTS

13 NAME OF FATHER: Francis McDermott

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER: Annie Mitchell

16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

17 Informant (Address) Genevieve Farris (Medford Mass) Relation, if any (Niece)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

James F. Tefft
(Signature of Agent of Board of Health or other)

Burial Agent
(Official Designation)

Feb 23-45
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: February (Month) 19 (Day) 1945 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h.....alive on....., 19....., death is said to have occurred on the date stated above, at.....m.

Immediate cause of death ..... Duration
IMPORTANT
Cancer of Colon
Due to .....
Due to .....
Other conditions (include pregnancy within 3 months of death) .....
IMPORTANT

Major findings: Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) R.G. Beachley, Registrar, M. D.
(Address) 1800 N Edison St Arl. Va. Date ..... 19.....

21 Place of Burial, Cremation or Removal. Southboro Mass (City or Town)
DATE OF BURIAL Feb 21 19 45

22 NAME OF FUNERAL DIRECTOR E. J. Gaffney & Sons
ADDRESS Medford Mass.

Received and filed ..... 19.....
(Registrar)

FORM 11 H.D.C., REV.

HEALTH DEPARTMENT
DISTRICT OF COLUMBIA
BURIAL PERMIT

HEALTH DEPT. D. C.
REGISTRAR'S OFFICE
1945 FEB 19 PM 3 23

Date issued 2-19, 1945

No. 40059.

Name of deceased Annabille G. Outhank

Place of death Arlington Va

Place of residence Same

Date of death 2-19, 1945 Sex F Color W Age 77

Cause of death Cancer.

Attending physician R S Berckley SK M.D.

Permission is hereby given for the removal of the remains of the above-named person by undertaker S K Rule's Co to Southern Mass for Interment on 2-20, 1945

GEORGE C. RUHLAND, M. D., HEALTH OFFICER

IMPORTANT

This is a duplicate of the permit issued in this case. This duplicate is not to be returned to the Health Officer of the District of Columbia, but must accompany the remains to their destination.

P-2286

R-309—55m-2-42 8836

No. 6

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Michael J Porcella

Name of deceased Frank Parodi

Age 63 years ____ months ____ days

Place of death Central St Southboro

Date of death May 1, 1945

Cause of death Chronic Myocarditis

Interment at Rural Cemetery Southboro

Date permit issued May 3, 1945

Certified by Joseph F. Annunziata M. D.

R-309—55m-2-42 8836

No. 6

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southborough, Mass.

Name of deceased Frank Parodi

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory)

on May 4, 1945

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)
Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 7

~~BURIAL (OR~~ REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Remove remains from Lot #23 Sect #1 and
Reinter remains in Lot #3 Sect #5

Issued to Walter Jr. Offutt

Name of deceased Arthur Outhouse

Age _____ years _____ months _____ days

Place of death _____

Date of death _____

Cause of death _____

Interment at Rural Cemetery, Southborough

Date permit issued May 14, 1945

Certified by _____ M. D.

R-309—55m-2-42 8836

No. 7

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Arthur Outhouse

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)

on May 15, 1945

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 9

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner C. Gage

Name of deceased Margaret L. Reynolds Married

Age 79 years 2 months 14 days

Place of death Southboro Mass.

Date of death May 30 1945

Cause of death Myocarditis Chronic

Interment at Rural Cemetery

Date permit issued June 1 1945

Certified by Roland Hewton M. D.

R-309—55m-2-42 8836

No. 9

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Margaret L. Misener

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on June 2, 1945

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 10

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Vernon E. Morrill

Name of deceased Flora Augusta Stone

Age 72 years 3 months 26 days

Place of death Southwick Mass

Date of death June 8. 1945

Cause of death Myocarditis Chronic

Interment at Wildwood (Ashland)

Date permit issued June 9. 1945

Certified by Roland Newton M. D.

R-309—55m-2-42 8836

No. 10

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Flora Augusta Stone

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Wildwood
(Name of cemetery or crematory)

on June 10, 1945

Certified by L. E. Johnson
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 11

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Frederick A. Cookson

Name of deceased Minnie F. Robbins

Age 76 years 4 months 8 days

Place of death Somerville Mass.

Date of death June 11, 1945

Cause of death Chronic Myocarditis

Interment at Glenwood Cemetery (Natick)

Date permit issued June 11, 1945

Certified by _____ M. D.

R-309—55m-2-42 8836

No. 11

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Minnie F. Robbins

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Glenwood Cemetery So Natick
(Name of cemetery or crematory)

on June 13-1945

Certified by William J. Gordendorf Supt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 12

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Frederick A. Cobson

Name of deceased Gene Brown

Age 64 years — months — days

Place of death Southboro Mass

Date of death June 14. 1945

Cause of death Progressive Muscular Dystrophy

Interment at Forest Vale-Hudson

Date permit issued June 15. 1945

Certified by J. Merrill Olson M. D.

R-309—55m-2-42 8836

No. 12

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Gene Brown

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Forestvale Cemetery
(Name of cemetery or crematory)

on June 16, 1946

Certified by Henry Hubert Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 13

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Frederick A. Cookson

Name of deceased Mary (Rule) Bunce

Age 67 years 7 months 30 days

Place of death Brattleboro Mass

Date of death June 20, 1945

Cause of death Heart Block & Stokes Adams syndrome

Interment at Tunbridge Village Cemetery Vt.

Date permit issued June 22, 1945

Certified by Hugh Folsom M. D.

R-309—55m-2-42 8836

No. 13

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Mary (Rule) Bunce.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Village Turnbridge
(Name of cemetery or crematory)

on June 23, 1945

Certified by J Roy Grant
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 14

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John P. Gallagher

Name of deceased William P. Coleman

Age 84 years 7 months 7 days

Place of death Boston Post Rd cor A" Southboro "

Date of death June 27 1945

Cause of death Coronary Occlusion Left Ventricle Failure Coronary Arteriosclerosis

Interment at St. Patrick's Watertown

Date permit issued June 27 1945

Certified by Hugh Folsom M. D.

R-309—55m-2-42 8836

No. 14

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to South Boro Mass
(Office issuing permit)

City or Town of Agent Bd Health Mass.

Name of deceased Wm. P. Coleman

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St Patrick's Cem Waterton
(Name of cemetery or crematory)

on June 30 - 46

Certified by J. Hussey
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 15

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving W. Harper

Name of deceased Fred E. Baker

Age 62 years 7 months 3 days

Place of death Southboro Mass.

Date of death July 2 1945

Cause of death Apoplexy Cerebral

Interment at Pine Grove Westboro

Date permit issued July 4 1945

Certified by Roland D. Spurling M. D.

R-309—55m-2-42 8836

No. 15

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Fred E. Baker

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Pine Grove Westboro
(Name of cemetery or crematory)

on July 5, 1945

Certified by H. E. Marshall
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 17

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving R. Harper

Name of deceased Harold C. Decker

Age 64 years 3 months 6 days

Place of death Southboro

Date of death July 26 1945

Cause of death Asphyxiation by drowning suicide

Interment at Rural Cemetery Worcester

Date permit issued Aug 6. 1945

Certified by Walter F. Maloney M. D.

R-309—55m-2-42 8836

No. 17

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Heath Dept
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Harold C. Decker

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY CREMATORY, WORCESTER, MASS.
(Name of cemetery or crematory)

on August 6, 1945.

Certified by Louis Hansen
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 18

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to _____
(Office issuing permit)

City or Town of _____ Mass.

Name of deceased _____

If a U. S. War Veteran, specify what war, organization, etc.

_____

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Mt. Auburn Cemetery, Hopkinton, Mass.
(Name of cemetery or crematory)

on August 22, 1946

Certified by Albert E. Boyns Caretaker
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309—55m-2-42 8836

No. 16

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J. Brown

Name of deceased Philip F. J. Neary

Age 69 years ____ months ____ days

Place of death Southboro Mass.

Date of death July 26, 45

Cause of death Myocarditis Arteriosclerosis

Interment at Immaculate Conception Marlboro

Date permit issued July 29 1945

Certified by Roland Fenton M. D.

R-309—55m-2-42 8836

No. 18

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John L. Norton.

Name of deceased Hugh Heckle.

Age 77 years 5 months 11 days

Place of death Sudden death preambly coronary sclerosis.

Date of death aug 20. 1945

Cause of death Southboro. Mass.

Interment at Mt auburn Hospital Mass.

Date permit issued aug 21. 1945.

Certified by Dr. Walter F. Mahoney M. D.

R-309—55m-2-42 8836

No. 9

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Mary Cassinasi Boselli

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on October 31, 1945. 11-30 A.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)
Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

NEW HAMPSHIRE

Burial Permit No. 114.

BURIAL—TRANSIT PERMIT

City or Town of Manchester

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Full name of deceased Mary Cassinasi Boselli

Place of death Manchester (Town or City) Hillsborough (County) New Hampshire (State)

Date of death Oct 29, 1945 Color White Sex Female Age 66 yrs. (Yr. Mo. Days)

Method of disposal Burial (Whether burial, cremation, transportation, storage, etc.) Rural Cemetery (Cemetery or Crematory)

Town or City Southboro County State Mass.

A certificate of death having been filed as required by the laws of this State, permission is hereby given to Joseph M. McDonough & Co. (Funeral Director) Address Manchester

to dispose of body of said deceased as above stated.

Dated at Manchester (Address) this 30th day of October 1945

Signature Howard A. Streeter (Town Clerk, Sub-Registrar, Agent City Board of Health) VA

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was ..... on ..... 19..... in ..... (State whether cremated, buried, stored, etc.) (Cemetery or Crematory)

Place ..... Signature ..... (Sexton or person in charge)

Form BT-1 10-44—10M

SEE OTHER SIDE

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be returned within six days to the Clerk of the town in which the burial takes place.

6137

R-309-20m-6-44-14610

No. 20

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William M. Tighe

Name of deceased John Tirolis

Age 81 years 6 months 22 days

Place of death (Fayview) Southboro Mass.

Date of death Nov 11 1945

Cause of death Myocarditis Chronic
Arterio Sclerosis

Interment at Rural Cemetery

Date permit issued Nov 11 1945

Certified by Roland Newton M. D.

R-309-20m-6-44-14610

No. 20

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased John Triolis

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on November 14, 1945 10 A.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)
Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 21

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving M. Harper

Name of deceased Samuel Clark

Age 91 years 1 months 28 days

Place of death Parkerville Rd.

Date of death Dec 8 1945

Cause of death Sudden death
Coronary sclerosis

Interment at Rural Cemetery

Date permit issued Dec 10, 1945

Certified by Walter F. Mahony M. D.

R-309-20m-6-44-14610

No. 21

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Health Dept.
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Samuel Clark

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on December 10, 1945. - 3 P.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 22

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving W. Harper

Name of deceased Mary C. Conners

Age 48 years 1 months 21 days

Place of death Louisville Ky

Date of death Dec 21 1945

Cause of death Sudden death Coronary sclerosis

Interment at Woodlawn Everett Mass.

Date permit issued Dec 23 1945

Certified by Walter F. Mahoney M. D.

R-309-20m-6-44-14610

No. 22

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Health Dept
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Mark C. Cowen

If a U. S. War Veteran, specify what war, organization, etc.

World War I

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at THE WOODLAWN CEMETERY EVERETT MASS
(Name of cemetery or crematory)

on DEC 24 1945

Certified by [signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

TOWN OF SOUTHBOROUGH

OFFICE OF TOWN CLERK

SOUTHBOROUGH, MASS.

August 20, 1945

Dear Mr. Telfer:

The Death Certificate of Flora Augusta Stone, has been returned from the State House as incomplete.

Please obtain the mother's maiden name and birthplace and return to me at your earliest convenience.

Mary Jane Kennedy
Holden Maine.

Very truly yours,
Marjorie L. McDonald
(E.D.I.)

MMD/EDS

Town Clerk

OFFICE OF

THE CEMETERY COMMISSIONERS

SOUTHBOROUGH, MASSACHUSETTS

May 11, 1945

Board of Health
Southboro, Mass.

Gentlemen: Attn: Mr. James Telfer

Will you please issue a Removal Permit to the undersigned, for the removal of the remains of Arthur Onthank from Lot 23, Sec. 1 and to remove the same to and reinter said remains in Lot 3, Sec. 5.

Authorization for this transfer has been received from the legal custodian of the remains.

Very truly yours,

THE CEMETERY COMMISSIONERS

Walter M. Offutt

By: Walter M. Offutt, Supt.

Permit issued May 14, 1945 D.S.th.

R-309-20m-6-44-14610

Jan 6 No. 1

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William M Tighe

Name of deceased Martha Thicts

Age 78 years — months — days

Place of death (Southville) Southboro

Date of death Jan 5. 1946

Cause of death Coronary Sclerosis

Interment at Rural

Date permit issued Jan 6, 1946

Certified by Walter Mahoney M. D.

R-309-20m-6-44-14610

No. 23

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to.....
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Martha Potts {nee Lindsay}

If a U. S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on January 9, 1946

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 21

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Marie E. Hermine Bouthiellet Fairbanks

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on January 10, 1946. 10 A.M.

Certified by Walter M Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

1-11-43—50M.

SEE OTHER SIDE

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

VIRGINIA

STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics

BURIAL—REMOVAL—TRANSIT PERMIT

Full name of deceased Mrs. Charlotte Emery

Place of death Locust Hill, Middlesex, Virginia
(City) (County) (State)

Date of Death Jan. 13 1946 Color White Sex Female Age 77

Method of disposal Transportation Southbound Mass.
(Whether burial, cremation, transportation, storage, etc.) (Cemetery or Crematory)

City or County Southbound State Mass.

A certificate of death having been filed as required by the laws of this State, permission is hereby given

to C. W. Mercer & Son Address Syringa, Va.-
(Funeral Director or person acting as such)

to dispose of body of said deceased as above stated.

Dated at Hartfield Va. this 14th day of Jan. 1946
(Registrar's address)

Registration District No. 592-C- Signature Mrs. L. W. Colbourn
(Registrar)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ on _____ 19____ in _____
(State whether cremated, buried, stored, etc.) (Cemetery or Crematory)

Place _____ Signature _____
(Sexton or person in charge)

This permit must be endorsed by the Sexton (or by the Funeral Director where there is no Sexton) and returned within 10 days to the Registrar of the district in which the burial takes place.

V. S. 15-36

R-309-20m-6-44-14610

No. 2

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Vernon E. Morrill

Name of deceased Mary Gray Swasey

Age 75 years 8 months 17 days

Place of death Southboro Mass

Date of death March 4 1946

Cause of death Paralysis Agitans

Interment at Harmony Grove Portsmouth N.H.

Date permit issued March 5. 1946

Certified by L. F. Plays M. D.
Hopkinton

R-309-20m-6-44-14610

No. 24

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Mary Gray Swasey

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Hamm Grove Cemetery
(Name of cemetery or crematory)

on March 18 1946

Certified by M J Griffin Son
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. ~~2~~ 3

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Harold A. Tighe

Name of deceased Anna Farrell

Age 89 years ✓ months ✓ days

Place of death Southboro Baker rest home

Date of death March 7, 1946

Cause of death sudden death presumably coronary sclerosis

Interment at St Michael's cemetery Hudson

Date permit issued March 8, 1946

Certified by Walter F Mahoney M. D.

R-309-20m-6-44-14610

No. 3

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Anna Farrell

If a U. S. War Veteran, specify what war, organization, etc.

no

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Michael's - Hudson
(Name of cemetery or crematory)

on Mar 9 1946

Certified by E H Comey
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 4 26

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving N. Harper

Name of deceased Albert Jay Hill

Age 57 years 3 months 9 days

Place of death Southboro, Mass.

Date of death March 7, 1946

Cause of death Carbon monoxide poisoning

Interment at Medina, New York

Date permit issued March 8, 1946

Certified by Walter F. Mahoney M. D.

R-309-20m-6-44-14610

No. 5 ~~27~~

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving W. Harper.

Name of deceased Harold Lewis Bradford

Age 34 years 3 months 27 days

Place of death Southboro Mass.

Date of death March 17, 1946

Cause of death Fracture Skull (Accident)

Interment at Westfield Farnsdale Conn.

Date permit issued March 17-1946

Certified by Walter F. Mahoney M. D.

R-309-20m-6-44-14610

No. 28

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass. Mass.

Name of deceased Harold Lewis Bradford

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Westfield Cemt Dandelion
(Name of cemetery or crematory)

on March 21 1946

Certified by Ray Whipple
(Signature of Superintendent, cemetery ~~or crematory~~)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 29

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner L. Gage

Name of deceased Annie Vietta Stivers

Age 63 years 6 months 7 days

Place of death Middle Road

Date of death April 13, 1946

Cause of death Cirrhosis of liver

Interment at Rural

Date permit issued April 15, 1946

Certified by Roland Newton M. D.

R-309-20m-6-44-14610

No. 5 29

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Annie Vietta Stivers

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on April 16, 1946 4-P.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. ~~30~~ 6

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Robert K. Wadsworth

Name of deceased Clara (Fay) Pierpont

Age 68 years 10 months 10 days

Place of death (Fayview) Southboro

Date of death May 5, 1946

Cause of death Metastatic Carcinoma

Interment at Woodlawn Crematory Everett Mass

Date permit issued May 5 1946

Certified by Aelan P. Shoog M. D.
Northboro Mass.

R-309-20m-6-44-14610

No. 306

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass. Mass.

Name of deceased Clara Fay Pierpont

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at THE WOODLAWN CEMETERY
EXETER, N.H.
(Name of cemetery or crematory)

on MAY 7 - 1946

Certified by
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 7

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William M. Tighe

Name of deceased William G. Rucke

Age 64 years 2 months 24 days

Place of death Collingswood New Jersey

Date of death May 16 - 1946

Cause of death Coronary Thrombosis

Interment at Rural Cemetery

Date permit issued May 21. 1946

Certified by Roy G. Hays Collingswood N. J. M. D.

R-309-20m-6-44-14610

No. 7

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased William G. Ricke

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on May 21, 1946 10 A.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

Order by Number
Form 5-V.S.
(Always write with black ink)

TRANSPORTATION OF CORPSE

THE INFORMATION ON THIS CERTIFICATE IS AN EXACT COPY OF THE OFFICIAL CERTIFICATE FILED AT PLACE OF DEATH

NEW JERSEY DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

Registrar's No. _____

PLACE OF DEATH

County: Camden
Township: _____
City or Borough: Collingswood
Name of Hospital or Institution: 209 New Jersey Ave
(If not in hospital or institution write street number or location)
Length of Stay in this Community: _____ yrs. _____ mos. _____ days _____ hrs.

FORMER OR USUAL RESIDENCE

State: New Jersey County: Camden
City or Borough: Collingswood
(If outside city or borough limits, name township)
Street No.: 209 New Jersey Ave
(If rural give location)
Citizen of foreign country? _____ If so, name country _____

Kindly Type or Print
FULL NAME (Write first name first): WILLIAM GEORGE RIECKE

IF VETERAN, NAME WAR _____ SOCIAL SECURITY NO. _____

SEX	COLOR OR RACE	Single, Married, Widowed or Divorced (write the word)
M	W	Married

If married, widowed or divorced
HUSBAND OF (Give full maiden name) (or) WIFE OF: Esther Barney
Age, if living: 62

BIRTH DATE OF DECEASED (Month, day and year): Feb 22, 1882

AGE Years	Months	Days	If Less Than One Day: Hrs.	Min.
64	2	24		

BIRTHPLACE (City or town): Charleston
(State or country): South Carolina

USUAL OCCUPATION: Shipfitter
Industry or business

FATHER
NAME: Anthony W Riecke
BIRTHPLACE (City or town): Charleston
(State or country): South Carolina

MOTHER
MAIDEN NAME: Joanna Herling
BIRTHPLACE (City or town): Charleston
(State or country): South Carolina

SIGNATURE OF INFORMANT: Esther Riecke
(Address) 209 New Jersey Ave Coll. N.J.

PLACE OF BURIAL Cremation or Removal: Southborough Mass.
DATE: 5-21, 1946

FUNERAL DIRECTOR (Address): Frank H Foster Collingswood N.J.
N. J. License No.: 823

RECEIVED: 5-18, 1946 E.O. Stevenson
Local Registrar.

MEDICAL CERTIFICATION

DATE OF DEATH: May 16 1946

I HEREBY CERTIFY, That I attended the deceased from Many months 19__ to 5/16 1946
that I last saw him alive on 5-16, 1946 and that death occurred on the date stated above, at 5:30 P m.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: Arterio Sclerosis and Myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Epilepsy	

Major findings:
Of operations: _____
Of autopsy: _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death were due to external causes, fill in the following:
Accident, suicide, or homicide (specify): _____
Date of occurrence: _____
Where did injury occur? _____ (City or town) (County) (State)
Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ Means of injury _____

Signature: Roy G Hays M.D. (M. D. or other)
Address: Collingswood N.J. 5-17-46 Date signed

PERMIT OF BOARD OF HEALTH OR REGISTRAR

This permit with above Certificate must be presented to Initial Baggage Agent and delivered with body at destination.

May 18, 1946

Permission is hereby granted to remove for burial at Southborough Mass., the body of William George Riecke, above described, if prepared in accordance with the laws of this State.

E. O. Stevenson
Health Officer or Registrar.

Detach above portion at this perforation and hand to passenger in charge, to be delivered to the undertaker at destination.

R-309-20m-6-44-14610

No. 8

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner L. Gage

Name of deceased Clarence A. Thomas

Age 56 years 1 months 6 days

Place of death Southville Rd.

Date of death July 19, 1946

Cause of death Chronic myocarditis

Interment at Maplewood Cem., Marlboro

Date permit issued July 20, 1946

Certified by .....M. D.

R-309-20m-6-44-14610

No. 9

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to T.F. Callanan & Son

Name of deceased Daniel Frank Kelly

Age 52 years ..... months ..... days

Place of death Cordaville

Date of death July 25, 1946

Cause of death Sudden death, presumably Coronary Sclerosis

Interment at Woodland Cem. Keene, N.H ~~Rural Cemetery~~

Date permit issued July 26 46

Certified by Walter F. Mahoney M. D.

R-309-20m-6-44-14610

No. 9

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Swanzey Mass.

Name of deceased Daniel Frank Kelly

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Woodland Cemetery, N. E. D., Keene, N. H.
(Name of cemetery or crematory)

on July 27, 1946.

Certified by Elmer S. Britton
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 10

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John C. Rowe

Name of deceased Mary E. (Burke) Boland

Age 83 years — months — days

Place of death Southboro Mass.

Date of death August 14. 1946

Cause of death Arteriosclerosis

Interment at Rural Cemetery

Date permit issued August 16. 1946

Certified by Wm. J. Delaney M. D.

R-309-20m-6-44-14610

No. 10

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Mary E. (Burke) Boland.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on August 17, 1946 10 A.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 11

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Eugene J. McCarthy

Name of deceased Joseph Lora

Age 58 years 1 months 2 days

Place of death Southboro Mass

Date of death Aug. 17. 1946

Cause of death Coronary Sclerosis

Interment at Rural Cemetery

Date permit issued Aug 18 1946

Certified by John Colombo M. D.

R-309-20m-6-44-14610

No. 11

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Joseph Sora

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on August 20, 1946 10 A.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 13

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm. M. Tighe

Name of deceased Mrs Pumena (Tsioli) Molorine

Age 51 years — months — days

Place of death Fayville (Southboro)

Date of death Oct. 17. 1946

Cause of death Coronary Thrumbosis

Interment at Rural Cemetery

Date permit issued Oct. 1946

Certified by Walter F. Mahoney M. D.

R-309-20m-6-44-14610

No. 13

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Theresa (Tirole) Molarini

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on October 21, 1946 - 10 A.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 14

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving N. Harper

Name of deceased Harry G. Benson

Age 79 years 6 months 5 days

Place of death Southboro Mass.

Date of death Nov 8, 1946

Cause of death Myocarditis Chronic
Arteriosclerosis, Chronic

Interment at Everett, Mass.

Date permit issued Nov. 10, 1946

Certified by Roland S. Newton M. D.

R-309-20m-6-44-14610

No. 14

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Harry G. Benson

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at WOODLAWN CEMETERY EVERETT, MASS.
(Name of cemetery or crematory)

on NOV 12 1946

Certified by
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 15

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner L. Gage

Name of deceased Irma G. Cheney

Age 80 years 10 months 10 days

Place of death Southboro (Latisquama Rd)

Date of death November 9, 1946

Cause of death Myocarditis Chronic

Interment at Fairmount Cem., Lee Mass.

Date permit issued November 11, 1946

Certified by Roland L. Newton M. D.

R-309-20m-6-44-14610

No. 15

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Irma G. Cheney

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Fairmount Cemetery - Lee, Mass.
(Name of cemetery or crematory)

on Nov. 12, 1946

Certified by Edward A. Thomas, Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 16

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to William M. Tighe

Name of deceased Catherine Carey

Age 75 years ..... months ..... days

Place of death Ireland

Date of death Nov 18 - 46

Cause of death Acute Myocaiditis & Coronary

Interment at Rural Southbay

Date permit issued Nov 19 - 46

Certified by ..... M. D.

R-309-20m-6-44-14610

No. 16

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to BOARD of HEALTH
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Mrs. Catherine Carey

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on November 21, 1946 10 A.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 17

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving W. Harper

Name of deceased Harriet E. Voter

Age 74 years 1 months 5 days

Place of death Southboro Mass.

Date of death Dec 5, 1946

Cause of death Congestive Heart Failure

Interment at Rural Cemetery

Date permit issued Dec 6 1946

Certified by Hugh Folsom M. D.

R-309-20m-6-44-14610

No. 17

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass Mass.

Name of deceased Harriet E. Potter

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on December 8, 1946

Certified by Walter M Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 18

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm. M. Tighe

Name of deceased Cornelia C. Bourthillet

Age 70 years — months — days

Place of death Southboro Mass.

Date of death Dec 13. 1946.

Cause of death Coronary Occlusion

Interment at St Michaels (Hudson)

Date permit issued Dec 14 1946

Certified by Thomas E. Riley M. D.

509-20m-6-44-14610

No. 18

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Cornelia P. Bouttwell

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St Michael's
(Name of cemetery or crematory)

on Dec 16 1946

Certified by E M Conroy
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 19

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Dussin & Ledoux

Name of deceased Emma (Brodeur) Collette

Age 82 years — months — days

Place of death Southboro Mass.

Date of death Dec 16 1946

Cause of death Chronic Myocarditis

Interment at Rural

Date permit issued Dec 16-1946.

Certified by John K. Ruggles (Hopkinton) M. D.

R-309-20m-6-44-14610

No. 19

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass Mass.

Name of deceased Emma (Brodeur) Collette

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on Dec. 18, 1946 10 A.M.

Certified by Walter M Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 20

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Dessaint & Ledoux

Name of deceased Joseph Baldelli

Age 73 years — months — days

Place of death Southboro Mass

Date of death Dec 21 - 46

Cause of death Coronary Thrumbosis

Interment at Rural Cemetery

Date permit issued Dec 23 1946

Certified by Peter P. Cottrye M. D.

R-309-20m-6-44-14610

No. 20

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Joseph Baldelli

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on December 24, 1946 10 A.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

THE UNITED STATES CREMATION CO., LTD.

(FRESH POND CREMATORY AND COLUMBARIA)
INCORPORATED 1884

61-40 MOUNT OLIVET CRESCENT
MIDDLE VILLAGE, LONG ISLAND, N. Y.
Telephone HEgeman 3-9700-9701

Date December 22, *19*46

This Certifies, That

x HERBERT JACKSON

Sex Male *color* White x *age* 61 x *years* 3 x *months* 21 x *days*

x *Single, Married, Widow, Widower, Divorced* Married

Occupation Printer *Birthplace* Massachsuetts

Last Residence 90-42 52nd. Avenue, Elmhurst, N. Y.

x *Place of death* 90-42 52nd. Avenue, Elmhurst, N. Y.

x *Date of death* December 20, 1946

x *Cause of death* Not given on permit

Medical Attendant Philip Hirsch, M. D., Elmhurst, N. Y.

x *Undertaker* R. A. Skelton, 86-08 Broadway, Elmhurst, N. Y.

Has been Cremated at Fresh Pond Crematory under observance of all legal requirements December 22, 1946 **194**

The Receptacle marked with his *name and Register No.* 80922 *contains* his *cremated remains.*

United States Cremation Co., (Ltd.

M C Hollis

President or Vice-President

(x) Is obtained from Transit and Burial Permit, rest is furnished by Undertaker in charge of Funeral.

2M-6-46

R-309-20m-6-44-14610

1947 No. 21

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner C. Gage

Name of deceased Marie E. Hermine (Bouthiellet) Fairbanks

Age 83 years — months 1 days

Place of death Southboro Mass

Date of death Jan. 7, 1947

Cause of death Carcinoma of Ovary (Rt)

Interment at Rural Cemetery

Date permit issued Jan. 8, 1947

Certified by Peter P. Lottone M. D.

R-309-20m-6-44-14610

No. 22

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter Offutt

Name of deceased Herbert Jackson

Age 61 years 3 months 21 days

Place of death 90-42-52nd Ave Elmhurst N.Y.

Date of death Dec 20 1946

Cause of death Did not see Certificate

Interment at Rural Cemetery (Ashes)

Date permit issued Jan. 1947

Certified by Philip Hirsch Elmhurst N.Y. M. D.

R-309-20m-6-44-14610

No. 22

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Herbert Jackson

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on April 20, 1947 2.30 P.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

Walter M. Offutt, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 23

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J. Brown

Name of deceased Dennis F. McCarthy

Age 61 years — months — days

Place of death Southboro Mass.

Date of death Jan. 16. 1947

Cause of death Cancer of Pancreas & Liver. Complication

Interment at Immaculate, Marlboro

Date permit issued Jan. 17 1947

Certified by Walter F Mahoney M. D.

R-309-20m-6-44-14610

No. 23

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Dennis F. McCarthy

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception - Marlboro
(Name of cemetery or crematory)

on January 18, 1947

Certified by J. D. MacEachern
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 25

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Squamtown Mass.

Name of deceased John J. Richards

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at The Exeter Cemetery, Exeter, N.H.
(Name of cemetery or crematory)

on February 6, 1947

Certified by By: C. Everett Colcord
(Signature of Superintendent, cemetery or crematory)
C. Everett Colcord, Supt.

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 24

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J. Fay

Name of deceased Mary (Sharry) Long

Age 89 years ____ months ____ days

Place of death Southboro Mass

Date of death Jan. 29. 1947

Cause of death Arterio Sclerosis

Interment at St Johns (Worcester)

Date permit issued Jan. 29 1947

Certified by Wm. J. Delaney M. D.

R-309-20m-6-44-14610

No. 24

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Mary (Sharry) Long

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. John's
(Name of cemetery or crematory)

on Feb. 1, 47

Certified by
(Signature of Superintendent, cemetery or crematory)

ST. JOHN'S CEMETERY Worcester, Mass.

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 25

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Frederick A. Dodson

Name of deceased John J. Richards

Age 61 years 1 months 5 days

Place of death Southboro Mass

Date of death Feb. 3, 1947

Cause of death burned to death

Interment at Exeter Cemetery, Exeter N. H.

Date permit issued Feb. 4, 1947

Certified by Walter F. Mahoney M. D.

R-309-20m-6-44-14610

No. 26

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Summer C. Gage

Name of deceased Etta (Chickering) Collins

Age 78 years 6 months 27 days

Place of death Southboro Mass.

Date of death Feb 22 1947

Cause of death Chronic myocarditis

Interment at Rural Cemetery

Date permit issued Feb 23 1947

Certified by Allan P. Cross M. D.

R-309-20m-6-44-14610

No. 26

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Wesleyetta (Chickering) Collins

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on Entombed Feb. 25, 1947

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 27

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to S. Standish Stoffleman

Name of deceased Merrill A. Crowell

Age 80 years 4 months 19 days

Place of death Southboro Mass

Date of death April 13th 1947

Cause of death Coronary Thrombosis

Interment at Howard St Cemetery Northboro

Date permit issued April 14th 1947

Certified by Allen P. Ross M. D.

R-309-20m-6-44-14610

No. 27

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southbridge Mass.

Name of deceased Minnie A. Crowell

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Howard St.
(Name of cemetery ~~or crematory~~)

on Apr. 15, 1947

Certified by Vernon D. Maccabee
(Signature of Superintendent, cemetery ~~or crematory~~)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 28

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J. Brown

Name of deceased Mary E. Hayes

Age 86 years ..... months ..... days

Place of death Southboro

Date of death April 17, 1947

Cause of death Coronary Occlusion

Interment at Immaculate Conception

Date permit issued April 18, 1947

Certified by C. H. Smith M. D.

R-309-20m-6-44-14610

No. 28

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Southboro
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Mary E. Hayes

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception, Marlboro.
(Name of cemetery or crematory)

on April 19, 1947.

Certified by J. D. MacEachern.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 29

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm. M. Tighe

Name of deceased Catherine Smiddy (nee Cagan)

Age 77 years — months — days

Place of death Southboro Mass.

Date of death April 19. 1947

Cause of death Carcinoma of stomach

Interment at Rural Cemetery

Date permit issued April 20. 1947

Certified by Wm. J. Delaney M. D.

R-309-20m-6-44-14610

No. 29

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Catherine Sniecky

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro
(Name of cemetery or crematory)

on April 2, 1947

Certified by Walter M. Gifford
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 30

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter W. Offutt

Name of deceased Angelo Prosperi

Age — years — months — days

Place of death

Date of death

Cause of death

Interment at Rural

Date permit issued May 19, 1947

Certified by M. D.

R-309-20m-6-44-14610

No. 30

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Angelo Prospiri

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)

on May 21, 1947 9 a.m.

Certified by Walter M. Gluth
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

OFFICE OF

The Cemetery Commissioners

SOUTHBOROUGH, MASSACHUSETTS

May 10, 1947

Mr. James F. Telfer
Board of Health
Southboro

Dear Mr. Telfer:

Will you please issue a permit to disinter the remains of baby Angelo Prosperi for removal and reinterment in a lot just purchased by Louis Prosperi for his family. Authorization for this change has been signed by Mr. and Mrs. Prosperi.

Yours very truly,

The Cemetery Commissioners

Walter M. Offutt

By: Walter M. Offutt, Supt.

R-309-20m-6-44-14610

No. 31

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Frederick G. Cookson

Name of deceased Mary Jane Reid

Age 72 years 8 months 15 days

Place of death Southville Rd. Southville

Date of death May 20, 1947

Cause of death Arterio Sclerotic heart disease

Interment at Edwards, Framingham

Date permit issued May 21, 1947

Certified by .....M. D.

R-309-20m-6-44-14610

No. 3A

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Southboro
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Mary Jane Reid

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Edwards Cemetery Sop
(Name of cemetery or crematory)

on May 22/1947

Certified by F B Chase Supt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to L. F. Callahan & Son

Name of deceased Mozella Coyle Welch

Age 77 years 7 months 17 days

Place of death Cordaville, Mass.

Date of death June 21, 1947.

Cause of death Myocardial thrombosis
arteriosclerosis

Interment at Hopkinton, Mass.

Date permit issued June 23, 1947

Certified by Roland Newton, M. D.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Rosella Coyle Welch

If a U. S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Luke's Cemetery Mass.
(Name of cemetery or crematory)

on June 24 1947

Certified by Gerald Cassidy Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Geo H. Longstreet

Name of deceased Lottie May Shurtleff

Age 80 years 10 months 18 days

Place of death Northfield, Vermont

Date of death June 24, 1947

Cause of death not stated

Interment at Southboro, Mass.

Date permit issued June 27, 1947

Certified by ..... M. D.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Lottie May Shorthouse

If a U. S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southboro, Mass.
(Name of cemetery or crematory)

on June 27, 1947 4 P.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

This Permit Must Accompany Remains to Destination

STATE OF VERMONT

DEPARTMENT OF PUBLIC HEALTH
Division of Vital Statistics

BURIAL—TRANSIT PERMIT

Burial Permit No. —

Full name of deceased Lottie May Shorthouse

Place of death Northfield (Town or City) Washington (County) Vermont (State)

Date of death June 24, 1947 Color White Sex Female Age 80-10-18 (Yr., Mo., Da.)

Method of disposal Burial (Burial, cremation, transit, storage, etc.) Southboro Rural Cemetery (Cemetery or Crematory) Southboro, Mass. (Town) (State)

Funeral Director Kingston & Morse Address Northfield, Vermont

PERMIT

A certificate of death having been filed as required by the laws of the State of Vermont, permission is hereby given to Kingston & Morse (Funeral Director or person acting as such) to dispose of the body as above stated.

Dated at Northfield, Vermont (Clerk's Address) this 25 day of June 1947

Signature G. A. Burke (Town or City Clerk)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was buried (Cremated, buried, stored, etc.) on June 27, 1947 in Rural (Cemetery or ~~Crematory~~)

Place Southboro, Mass. Signature F. M. Offutt (Sexton or person in charge)

SEE OTHER SIDE

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John J. Brown

Name of deceased Daniel Shanks Proctor

Age 67 years — months — days

Place of death Southboro

Date of death July 8, 1947

Cause of death Coronary Occlusion
arteriosclerosis

Interment at E. Marlboro

Date permit issued July 10, 1947

Certified by Hugh Falcone M. D.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed.

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Daniel Skanks Brookins

If a U. S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Immaculate Conception
(Name of cemetery or crematory)

on (Marlboro) July 10, 1947

Certified by Rev. Frederick J. Buckley
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Walter E Stone

Name of deceased Edith (Cunningham) Frampton

Age 78 years 10 months 29 days

Place of death Southboro

Date of death July 11, 1947

Cause of death Arteriosclerosis, generalized

Interment at Woodlawn, Clinton

Date permit issued July 11, 1947

Certified by T. E. Stone M. D.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Edith C. Forsythe

If a U. S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Woodlawn Cemetery
(Name of cemetery or crematory)

on July 14, 1947

Certified by Herbert W. Parker Supt.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Irving H. Harper

Name of deceased Mabel E. Evans

Age 68 years 5 months 4 days

Place of death Southboro

Date of death July 26, 1947

Cause of death Fibrosis Myocarditis

Interment at Rural, Worcester

Date permit issued July 26, 1947

Certified by J. F. Annunziata, M. D.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Mabel E. Ryans

If a U. S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CEMETERY CREMATORY, WORCESTER, MASS.
(Name of cemetery or crematory)

on July 29, 1947

Certified by Lucien Jansen
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Frederick A. Cochran

Name of deceased Victor Carl Buchman

Age 55 years 9 months 14 days

Place of death Southboro

Date of death July 29, 1947

Cause of death Cancer of the Liver

Interment at Hingham

Date permit issued July 31, 1947

Certified by Hugh Folsom M. D.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Victor Carl Bushman

If a U. S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at High St. Cemetery
(Name of cemetery or crematory)

on August 2, 1917

Certified by Norman F. Morse Pres
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to F. M. Offutt, Supt.

Name of deceased Baby Baldelli

Age — years — months — days

Place of death Removal from one grave to another.

Date of death Aug 10, 1921

Cause of death Stillborn

Interment at Rural Cem.

Date permit issued Sept. 5, 1947

Certified by .....M. D.

R-309-20m-6-44-14610

No. .....

~~BURIAL~~ (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Baby Baldelli

If a U. S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)

on Sept 20, 1947.

Certified by H. M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Frederick A. Cookson

Name of deceased Alice Day Heath

Age 73 years 4 months 5 days

Place of death Southville

Date of death Sept. 5, 1947

Cause of death General Arteriosclerosis

Interment at Rural, Southboro

Date permit issued Sept. 8, 1947

Certified by Hugh Holcombe M. D.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Alice May Heath

If a U. S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)

on September 8, 1947

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309-20m-6-44-14610

No. 32

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner C. Gage

Name of deceased Juliette (Wright) Field

Age 81 years 4 months 23 days

Place of death Clifford Rd.

Date of death Oct 29, 1947

Cause of death Myocarditis chronic

Interment at Rural Cemetery

Date permit issued Oct 30, 1947

Certified by Roland Newton M. D.

R-309-20m-6-44-14610

No. 34

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner L. Gage

Name of deceased Charles Fred Savro

Age 89 years 3 months 1 days

Place of death Baker Rest Home

Date of death Nov. 14, 1947

Cause of death Arteriosclerotic heart disease

Interment at Rocklawn Cemetery Marlboro Mass.

Date permit issued Nov. 14, 1947

Certified by J. Annunziato M. D.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Wm. McTighe

Name of deceased Mary A. Dunn

Age 79 years — months — days

Place of death Southboro

Date of death Sept. 17, 1947

Cause of death Chronic Myocarditis

Interment at So. Marlboro

Date permit issued Sept. 18, 1947

Certified by John H. Collins M. D.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John A. Cunningham

Name of deceased Ella (Riley) Walsh

Age 70 years 5 months 21 days

Place of death Southboro

Date of death Oct. 21, 1947

Cause of death Chronic Myocarditis
Diabetis

Interment at St. Stephens Framingham

Date permit issued Oct. 24, 1947

Certified by J. F. Annunziato M. D.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to John B. Merton or Son

Name of deceased James Burnett Boswell

Age 76 years 8 months 20 days

Place of death New York City

Date of death Oct 24, 1947

Cause of death Not Stated

Interment at Burnett Cem. Southboro

Date permit issued Oct 27, 1947

Certified by Noton Permit M. D.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased James Burnett Lowell

If a U. S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Burnett Cem. Southboro
(Name of cemetery or crematory)

on Oct. 28, 1947

Certified by H. M. Elliott
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

IHH-86M-32546 94

No. 22803

This permit must be handed to the Keeper of the Cemetery or Crematory by the Funeral Director in charge of the funeral.

DEPARTMENT OF HEALTH OF THE CITY OF NEW YORK
BUREAU OF RECORDS AND STATISTICS

BURIAL–CREMATION–TRANSPORTATION PERMIT

OCT 194

New York, ... 194....

The Certificate of Death having been furnished to this Department, as required by the Sanitary Code, permission is hereby given to H. J. Kilbourn *of* 120 E ..... *to remove the remains of* James Bennett Lowde *Aged* 76 *Yrs.* 1 *Mo.* 22 *Days, who died at* 82 Fairview Manhattan *Borough of* ..... *City of New York, on* 10/28/40 *194....., from* HOME OR CHAPEL

Cremation for Burial* at* Greenwood Cem *on* 10/28/40 *194....*

Southern Mass

Assistant Registrar of Records.

Per .....

* Cross out one.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Robert D. Brough

Name of deceased Florence N. Morse

Age 80 years — months — days

Place of death West Orange, N. J.

Date of death Nov. 25, 1947

Cause of death Cachexia (Inoperable cerebral thrombosis

Interment at Rural Cemetery

Date permit issued Nov. 29, 1947

Certified by ..... M. D.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Florence V. Morse

If a U. S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southboro
(Name of cemetery or crematory)

on Nov. 29, 1947

Certified by H. M. Hall
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

THE LEGAL FEE FOR THIS PERMIT IS 25 CENTS

STATE OF NEW JERSEY

BURIAL OR REMOVAL PERMIT

251

West Orange Nov. 28, 1947
(City, borough or township and date)

The Certificate of death having been furnished me, as required by the laws of this State, permission is hereby given for the burial of Flouna W. Morse

Age	Years	Months	Days
	80		

who died in West Orange
(City, borough or township)

Essex (County) on Nov. 25, 1947.

Cause of death ~~Cachexia~~ - (probable cerebral Thrombosis.)

Place of burial Southboro Rural Cem. - Southboro, Mass.
(Name of cemetery) (Location)

Funeral Director Robert D Brough
Summit N J
(Address)

Herman Fredericks
(Registrar of Vital Statistics)

PENALTY FOR BURYING WITHOUT A PERMIT, $5 TO $100

This permit must be delivered to the keeper of the cemetery where burial is to take place, who should fill in the spaces on back of permit, sign same and forward it within ten days to the registrar of the district in which the cemetery is located.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Sumner C Gage

Name of deceased Lena Stockwell Horn

Age 76 years 10 months 4 days

Place of death Southboro

Date of death Nov. 30, 1947

Cause of death Myocarditis Chronic

Interment at Rural Cem. Southboro

Date permit issued Dec 1, 1947

Certified by Roland S. Newton M. D.

R-309-20m-6-44-14610

No. .....

BURIAL (OR REMOVAL) PERMIT

This Coupon to be returned immediately, properly endorsed,

to Board of Health
(Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Lena Stockwell Hosse

If a U. S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cem. Southboro
(Name of cemetery or crematory)

on Dec. 3, 1947 2 P.M.

Certified by Walter M. Offutt
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.